



Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

***This File Contains Personal Identifiable
Information of Private Citizen(s).***

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson", is written over a horizontal line.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

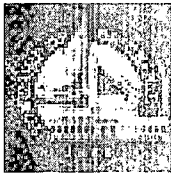
Agent Name MASTER SIGNS / MARIO NDRIEGA

Address 519 LAFAYETTE AVE
PASSAIC NJ 07055

Telephone 201-214-0630

Signature 

- III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.



Brick Township
401 Chambersbridge Rd
Brick, N.J. 08723

Date Issued 8/28/2020
Control Number C-19-001511
Permit Number 19-1205
Permit Issue Date 5/15/2019
Certificate Number 19-1205

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 277 HOOPER AVE. Brick Township, NJ Block: 670 Lot: 4 Qual: _____
Owner in Fee: KENNEDY MALL ASSOCIATES
Owner Address: 641 SHUNPIKE RD. CHATHAM NJ 07928
Telephone: _____
Contractor: MASTER SIGNS
Address: 519 LAFAYETTE AVE PASSAIC NJ 07055
Telephone: (201) 214-0630 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN INSTALLATION - - CIELITO LINDO ...INSTALL ILLUMINATED FACADE SIGN

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: _____ or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:

Donald Newman Jr

Construction Official

Date Printed: 8/28/2020

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____



CIELITO LINDO

ELECTRICAL SUBCODE TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 670 Lot 4 Qualification Code _____

Work Site Location 2770 HOOPER AVE

BRICK TOWNSHIP NJ 08723

Owner in Fee KENNEDY MALL ASSOCIATED

Address 641 SHUNPIKE RD.

CHATHAM NJ 07928

Tel (732) 337-3388

Contractor OC ELECTRIC

Address 45 WILSON AV REGRVY NJ 07032

Tel (908) 220-8409 FAX (_____)

Contractor License No. 15475

Federal Emp. No. 144-94-4971

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as COMMERCIAL Utility Co. PSEG

Est. Cost of Elec. Work \$ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)			
	Date	Initial	Type:	Failure	Failure	Approval	Initial
[] No Plans Required			Rough				
Joint Plan Review Required:			Barrier-Free				
[] Building [] Plumbing			Trench				
[] Fire [] Elevator			Temp. Serv.				
[x] Elec. Plans Approved			Constr. Serv.				
Date: <u>5/13/19</u>			TCO				
Approved by: <u>[Signature]</u>			Other				
			Service				
			Final				
			Barrier-Free				
SUBCODE APPROVAL				Temp. Cut-in-Card Date Issued			
[] CO [] CCO [x] CA			Final Cut-in-Card Date Issued				
Date: <u>6/24/19</u>			Annual Pool Inspection				
Approved by: <u>[Signature]</u>			Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[x] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____		Light Poles
_____		Motors—Fract. HP
_____		Emergency & Exit Lights
_____		Communications Points
_____		Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

_____	Pool Permit/with UW Lights
_____	Storable Pool/Spa/Hot Tub
_____	KW Elec. Range/Receptacle
_____	KW Oven/Surface Unit
_____	KW Elec. Water Heater
_____	KW Elec. Dryer/Receptacle
_____	KW Dishwasher
_____	HP Garbage Disposal
_____	KW Central A/C Unit
_____	HP/KW Space Heater/Air Handler
_____	KW Baseboard Heat
_____	HP Motors 1/+ HP
_____	KW Transformer/Generator
_____	AMP Service
_____	AMP Subpanels
_____	AMP Motor Control Center
_____	KW Elec. Sign/Outline Light

1 1-8

FEE (Office Use Only)

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____



CELITO LINDO

BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

5/15/19

Date Issued
Permit #

19-1205

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 670 Lot 4 Qualification Code _____

Work Site Location 2770 HOOPER AVE

BRICK TOWNSHIP, NJ 08723

Owner in Fee: KENNEDY MAIL ASSOCIATED

Tel. (732) 337-3388 e-mail _____

Address 641 SHUNPIKE RD. CHATHAM NJ 07928

Contractor: MASTER SIGNS Tel. (201) 214-0630

Address 519 LAFAYETTE AVE e-mail MNSIGN@AOL.COM

PASSAIC NJ 07055

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 45-2480597 FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type:	Failure Failure Approval Initial
☒ All	<u>05/13/19</u>	<u>KEK</u>	Footings	
☐ Footings/Foundations			Footings Bonding	
☐ Structural/Framework			Foundation	
☐ Exterior			Slab	
☐ Interior			Frame	
Joint Plan Review Required:			Truss Sys./Bracing	
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free	
			Insulation	
SUBCODE APPROVAL for PERMIT			Finishes-Base Layer	
Date: <u>05/13/19</u>			Finishes-Final	
Approved by: <u>KEK</u>			Energy	
SUBCODE APPROVAL for CERTIFICATE			Mechanical	
☐ CO ☐ CCO ☒ CA			TCO	
Date: <u>07/30/20</u>			Other	
Approved by: <u>KEK</u>			Final	<u>07/30/20</u> <u>KEK</u>
			Barrier-Free	

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. **Est. Cost of Bldg. Work:**

New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+2) \$ 3,500.00

Max. Occupancy Load _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: Mario Noriega

Print name here: MARIO NORIEGA

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ILLUMINATED L.E.D SIGNS:

- LOGO: WIDE 10' X HEIGHT 5'

- CHANNEL LETTERS:

WIDE 16' X HEIGHT 1'-08"

(ATTACHED DRAWING)

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign 104.08 Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Abestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

COMMENT

10/1

10/1

10/1

10/1

10/1



CONSTRUCTION PERMIT

Date Issued 5/13/19
Control # C-19-001511
Permit # 19-1203

IDENTIFICATION Block: 670 Lot: 4 Qualifier _____
Work Site Location: 2770 HOOPER AVE. Brick Township, NJ Contractor MASTER SIGNS
Owner in Fee KENNEDY MALL ASSOCIATES Address 519 LAFAYETTE AVE. PASSAIC NJ 07055
641 SHUNPIKE RD. CHATHAM NJ 07928 Telephone: (201) 214-0630
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

SIGN INSTALLATION - CIELITO LINDO ... INSTALL ILLUMINATED FACADE SIGN

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$4,100

D. J. Gorman
Construction Official

Date 5/13/19

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$150
Electrical	\$150
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$8
CO Fee	
Other	\$0
Total	\$308
Check No.	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP-19-00508
DATE ISSUED 5/15/19

BLOCK: 670 LOT: 4 QUALIFIER: — SITE ADDRESS: 2770 Hooper

IDENTIFICATION:

1. NAME OF OWNER IN FEE: KENNEDY MALL ASSOCIATED
COMPLETE ADDRESS: 641 SHUNPIKE RD.
CHATHAM NJ 07928
PHONE # 732-337-3788 EMAIL: _____

2. NAME OF APPLICANT: MASTER SIGN
APPLICANT ADDRESS: 519 LAFAYETTE AVE
PASSAIC NJ 07055
PHONE # 201-214-0630 EMAIL: _____

3. RESPONSIBLE PERSON FOR WORK: MARIO NORIEGA
PHONE# 201-214-0630 FAX# _____

4. SIGNATURE OF APPLICANT: 

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ 75-
OTHER: \$ _____
TOTAL: \$ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: CIELITO LINDO
EXISTING USE: FITNESS
PROPOSED USE: RESTAURANT

BOARD APPROVAL: _____ PB _____ ZB _____
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: _____ (*IF APPLICABLE)

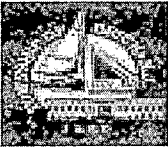
OTHER SIGN

DESCRIPTION:

ZONING REVIEW:

DATE REVIEWED: 5-8-19 DATE DENIED: _____ DATE APPROVED: 5-8-19 INTLS: an

(SEE BACK PAGE)



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1041

Date Issued:

Application Number: 5/15/19
ZA-19-00531

Application Date: 5/6/2019

Project Number: _____

Permit Number: 2019-00508

Fee: \$75.00

Zoning Permit

Worksite **2770 HOOPER AVE.**
Location: **Brick Township, NJ 08723**

Owner: **KENNEDY MALL ASSOCIATES**
Address: **641 SHUNPIKE RD.**
CHATHAM, NJ 07928

Applicant: **MASTER SIGNS**
Address: **519 LAFAYETTE AVE**
PASSAIC, NJ 07055

Block: 670 Lot: 4 Qualifier: _____ Zone: B-3

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: Fitness Center

☐ Non Conforming Use

☐ Non Conforming Structure

Proposed Use: Restaurant (Cielito Lindo Mexican Food)

Work Description:

Sign - 10' x 5' x 16' x 1' LED Raceway Sign- "Cielito Lindo Mexican Food".

The sign cannot exceed 15% of the storefront facade.

Additional Zoning Permit is required for additional work or signage.

Application Approved Date: 5/8/2019

Upon review it was determined that the Zoning Permit:

☒ Permitted by Ordinance

☐ Permitted by Variance approved on: _____

☐ Approved with Conditions

☐ Valid Nonconforming Use/Structure is established by

☐ Zoning Board of Adjustment

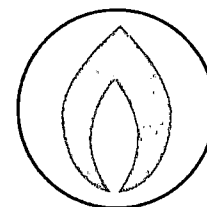
☐ Zoning Officer

Christopher J. Romano, Zoning Officer

5/8/2019

Date

Plastiglas de México, S.A. de C.V.
Frente Estación F.F.C.C. Maclovio Herrera S/N
Ocoyoacac, Estado de México 52740
Numbers for USA
Phone: 1877 818 3716 / Fax 1877 818 3718
Numbers for Canada
Phone 1866 403 5238 / Fax 1866 403 5239
International:
Phone 52 (722) 279 6837 / Fax 52 (722) 279 6819
www.chemcast.com.mx



May, 2018

Chemcast quality compliance UL and ASTM norms

Chemcast acrylic sheet meet with several building requirements established on different building codes.

Flammability UL 94

Chemcast acrylic sheet has an HB classification. Chemcast sheet is listed by UL certificate under file QMFZ2.E220737. This document is available on UL web: www.ul.com

Horizontal Burn Rate (ASTM D 635)

Chemcast acrylic sheet has a CC2 classification. Its typical burning rate is 1.5 inch / minute. CC2 classification applied for plastics materials that have burning rate of 2.5 inch/minute or less.

Flame spread and Smoke density UL-723 (ASTM E 84)

Chemcast acrylic sheet fulfills the requirements established on IBC "International Building Code"

Smoke density:

Chemcast acrylic sheet has a 400 value for Smoke density rating when is tested under ASTM E 84. The maximum value on IBC is 450 maximum.

Flame spread:

Chemcast acrylic sheet has a 140 - 150 typical value for flame spread rating when is tested under ASTM E 84. The value established on IBC for Class III is 200.

ASTM D 4802

Product quality criteria of Chemcast GP are based on the content of ASTM D 4802. Chemcast GP meets the requirements of Category A-1, Finish 1 and contains UV protectors for the protection of acrylic Polymer.
Standard LP -391 D is discontinued and was replaced by ASTM D 4802.

Chemcast Technical Department.

1. The first part of the report deals with the general situation of the country and the position of the various groups of the population.

2. The second part of the report deals with the economic situation of the country and the position of the various groups of the population.

3. The third part of the report deals with the social situation of the country and the position of the various groups of the population.

4. The fourth part of the report deals with the cultural situation of the country and the position of the various groups of the population.

5. The fifth part of the report deals with the political situation of the country and the position of the various groups of the population.

6. The sixth part of the report deals with the international situation of the country and the position of the various groups of the population.

ELECTRICAL CONTRACTOR LICENSE :

BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

**State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs**

THIS IS TO CERTIFY THAT THE
Board of Examiners of Electrical Contractors

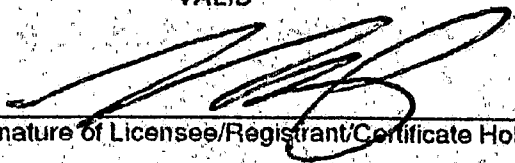
HAS LICENSED

**O C ELECTRIC
OSWALDO W CABIDES
45 Wilson Avenue
Kearny NJ 07032**

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

03/17/2018 TO 03/31/2021
VALID

34EB01547500
LICENSE/REGISTRATION/CERTIFICATION #


Signature of Licensee/Registrant/Certificate Holder


ACTING DIRECTOR

INSURANCE MASTER SIGNS.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/09/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER GALVAN BROKERAGE AGENCY, LLC 12 BLOOMFIELD AVE NEWARK NJ 07104		CONTACT NAME: MAURICIO GALVAN PHONE (A/C, No, Ext): 973-483-5527 E-MAIL ADDRESS: mgalvan@galvanbrokerage.com FAX (A/C, No): 973-483-5414	
INSURED MASTER SIGNS 519 LAFAYETTE AVE PASSAIC, NJ 07055		INSURER(S) AFFORDING COVERAGE INSURER A: SCOTTSDALE INS. CO. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC	N	N	CPS2641697	04/18/2019	04/18/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB ☐ OCCUR ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				☐ WC STATUTORY LIMITS ☐ OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER Building Department of: Township of Brick 401 Chambersbridge Rd, Brick Township, NJ 08723	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE:
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ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 670 LOT: 4 ADDRESS: _____**IDENTIFICATION:**

1. WORK SITE ADDRESS: 2770 HOOPER AVE - BRICK TOWNSHIP NJ 08723
2. NAME OF OWNER IN FEE: KENNEDY MALL ASSOCIATED
ADDRESS: 641 STANPIKE RD. CHATHAM NJ 07928 PHONE #: 734-337-3388
FAX #: () _____
3. PRINCIPAL CONTRACTOR: MASTER SIGNS
ADDRESS: 519 LAFAYETTE AVE PASSAIC NJ 07055 PHONE #: 201-214-0630
FAX #: () _____
4. ARCHITECT OR ENGINEER: VICENTE VARELA / N.J. LIC 21A107988700
ADDRESS: 584 MAIN AVE PASSAIC NJ 07055 PHONE #: (973)-960-6124
5. RESPONSIBLE PERSON FOR WORK: MARIO NORIEGA
ADDRESS: 519 LAFAYETTE AVE PASSAIC NJ 07055
PHONE #: 201-214-0630 FAX #: () _____ E-MAIL: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____
☐ OTHER SIGN
LENGTH: 16'-00" WIDTH: _____ HEIGHT: 6'-08"

FEE SUMMARY:

APPLICATION FEE: \$ _____
REVIEW FEE: \$ _____
INSPECTION FEE: \$ _____
OTHER _____: \$ _____
BOND(S): \$ _____
TOTAL: \$ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____
DRAINAGE EASEMENTS: _____
UTILITY EASEMENTS: _____
CONSERVATION EASEMENTS: _____
FEMA REQUIREMENTS: _____
D.E.P. PERMITS: _____
BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

DATE	04/10/2019
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REMARKS	DRWN	DATE

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